


1 of 2

15 JUN 22 AM 8:50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

CORPORATION REINSTATEMENT 2010-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # MC7038 N13797 1. Corporation Name REFLECTIONS HOMEOWNERS ASSOCIATION, INC.			
2. Principal Office Address - No P.O. Box # 4901 BIRCH ST <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4901 BIRCH ST <small>Suite, Apt. #, etc.</small>	
City & State NEWPORT BEACH, CA		City & State NEWPORT BEACH, CA	
zip CA	Country USA	zip 92660	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 03/12/1980			
5. FRI Number 85-0119801		Applied For (tick appropriate) <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED		\$\$. To address all questions for a Certificate of Status	
7. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD <small>Suite, Apt. #, etc.</small> City PLANTATION			
		State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S. Signature of Registered Agent: <u><i>Richard M. Curran</i></u> Date: 6/22/2015 REGISTERED AGENT (JUST SIGN)			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	FRANK T. SURYAN, JR.	4901 BIRCH ST	NEWPORT BEACH, CA 92660
T	CANDACE RICE	4901 BIRCH ST	NEWPORT BEACH, CA 92660
S/D	MICHAEL A. BARMETTLER	4901 BIRCH ST	NEWPORT BEACH, CA 92660
10. E-mail Address: sf@yon1.com <small>(To be used for future correspondence)</small>			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.108, F.S.			
SIGNATURE: <u><i>[Signature]</i></u>		Date: 6/19/15 Title: Director	

K. ASHTON

202

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000152887 3)))



H150001528873ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RECEIVED
15 JUN 22 PM 12:13
TALLAHASSEE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
REFLECTIONS HOMEOWNERS ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$542.50